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APPLICANTS

Karen M. Braun, Fairport, NY;

** CONTINUING DATA ***** None TT

** FOREIGN APPLICATIONS ***** None TT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/11/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 Method for determining an adjustment amount to an input chroma

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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